2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006
Secretary of State

DOCUMENT# P06000000047

Entity Name: PAYPROS USA CORP

Current Principal Place of Business:

215 CELEBRATION PLACE
SUITE 500
CELEBRATION, FL 34747 US

New Principal Place of Business:

956 NORTH COCOA BLVD
SUITE 1111
COCOA, FL 32922 US

Current Mailing Address:

215 CELEBRATION PLACE
SUITE 500
CELEBRATION, FL 34747 US

New Mailing Address:

956 NORTH COCOA BLVD
SUITE 1111
COCOA, FL 32922 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAMULOWITZ, JOHN C
215 CELEBRATION PLACE
SUITE 500
CELEBRATION, FL 34747 US

Name and Address of New Registered Agent:

SALVATORE, KRISTI
956 NORTH COCOA BLVD
SUITE 1111
COCOA, FL 32922 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: KRISTI SALVATORE 04/27/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: MANAGEMENT RESOURCE, CONSULTANTS, I N C.
Address: 49 LEAVENWORTH STREET, SUITE 200
City-St-Zip: WATERBURY, CT 06702 US

Title: VP (X) Delete
Name: PAYPROS, INC.,
Address: 7 LANCELOT COURT, SUITE 8
City-St-Zip: SALEM, NH 03079 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: PAYPROS, INC.,
Address: 7 LANCELOT COURT, SUITE 8
City-St-Zip: SALEM, NH 03079 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KRISTI SALVATORE P 04/27/2006
Electronic Signature of Signing Officer or Director Date